

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	<i>Z</i>		<i>↓</i>		<i>↓</i>	
TOTAL DEP.	<i>Z</i>		<i>↑</i>		<i>↑</i>	
TOTAL CLAIMS	<i>Z</i>					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			<i>↓</i>		<i>↓</i>	
TOTAL DEP.			<i>↑</i>		<i>↑</i>	
TOTAL CLAIMS						